

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S15511 (6)

1. Corporation Name  
PERIMED, INC.



Principal Place of Business

6724 EPPING FOREST WAY NO.  
JACKSONVILLE FL 32217  
US

Mailing Address

6724 EPPING FOREST WAY NO.  
N 104  
JACKSONVILLE FL 32217  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 6724 Epping Forest Way, N.

27 City & State Jacksonville FL

28 Zip Country 32217 US

29

3. Date Incorporated or Qualified  
11/27/1990

3a. Date of Last Report  
04/26/1995

4. FEI Number  
59-3038171

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.  
4655 SALISBURY ROAD  
SUITE 390  
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the above agent)

Signature of Registered Agent (if different from the above agent)

DATE

12. OFFICERS AND DIRECTORS

1. NAME P  
FERRELL, ERNEST, M.D.  
2. STREET ADDRESS 6740 EPPING FOREST WAY, N.  
3. CITY, ST, ZIP JACKSONVILLE FL

☐ DELETE

1. NAME  
2. STREET ADDRESS  
3. CITY, ST, ZIP

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2. STREET ADDRESS  
3. CITY, ST, ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME P  
Ferrell Ernest, M.D.  
2. STREET ADDRESS 6724 Epping Forest Way, N.  
3. CITY, ST, ZIP Jacksonville, FL 32217

☒ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

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20. NAME ☐ Change ☐ Addition

21. NAME ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*E. Ferrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

90A-296-9455

CR2E034 (12/95)